CLAIMS ONLY

Application Number	Filing Date
10825150	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
(1)								51						
2								52						
3								53						
4								54						
5								55						
6								56						
(7)								57						
8								58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15								65						
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17								67						
18								68						
19								69						
20								70						
(21)								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
(32)								82						
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34								84						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep								Total Indep						
Total Depend								Total Depend						
Total Claims								Total Claims						